

Whitefield Infant School  
And Nursery



# Breakfast Club Policy/Terms and Conditions

September 2026

## **Breakfast Club Terms and Conditions**

### **General**

1. The Breakfast Club is open to children attending Whitefield Infant School and Nursery from Reception to Year 2 and is run by staff from the school.
2. The club is open from 8.00am until 8.30am, Monday to Friday, term-time only. Children should arrive by no later than 8.10am.
3. The club provides a balanced, healthy breakfast (cereal, toast and milk/water to drink) and games for the children to play before school begins.
4. The last breakfast will be served by 8.15am. Any child arriving after this time cannot be guaranteed a breakfast.
5. Children and an accompanying parent/carer must enter the Breakfast Club through the door at the front of the school. This is accessed via the main school building on Every Street. Parents/carers must leave the Breakfast Club by the same route.
6. At 8.30am children in Breakfast Club will be taken to their classroom where either a teacher or a teaching assistant will receive them.
7. Children must not bring their own toys, electronic devices, games or any items of value onto the site. We are unable to accept responsibility for such items.
8. It is the responsibility of the parent/carer to ensure that School Office /Breakfast Club staff are informed of any changes to contact/medical details.

### **Booking**

9. Enquiries regarding Breakfast Club should be made at the school office by emailing at **office@whitefield-inf.lancs.sch.uk**
10. If your child will not be attending a session that they are registered for, please inform the school office giving as much notice as possible.
11. In the event of a parent/carer wishing to alter or extend the day(s) their child attends Breakfast Club, the school office Must be notified asap.

## Payments

12. The charge for each Breakfast Club session is £1.00 per child. Parents/carers in receipt of government benefits / Pupil Premium may be entitled to a reduction in cost, reduced to 50p a day. **Payments MUST be made on Monday beginning of each week.**
13. All payments are non-refundable as provisions are purchased and staff cover organised based on the number of places a child is registered for.

## Dietary Needs and Medical Conditions

14. It is the parent/carers responsibility to disclose any special dietary needs or medical conditions
15. Children are not permitted to bring their own food to Breakfast Club.
16. Parents/carers are asked to remember we are a 'Nut Free School'.

## Withdrawing an Offer of a Place

The Headteacher reserves the right to withdraw an offer of a place in the following circumstances:

17. Unacceptable behaviour resulting in distress or disruption to children or adults running the club.
18. Where payment is not made and arrears are accumulating, the Headteacher reserves the right to cancel the booking with immediate effect.
19. Continued non-payment will result in the Headteacher referring the matter to the legal department at Lancashire County Council.

## Waiting List

To ensure that admission to Breakfast Club is offered on a fair and transparent basis, children requiring a place will be ranked in accordance with the following criteria:

1. Children eligible for Free School Meals or for Pupil Premium Grant (PPG) funding.
2. A parent/carer requesting five sessions per week.

## **PLEASE NOTE**

The child/ren of a parent/carer who requests five days a week but reduces this to fewer when offered a place in Breakfast Club will be referred back to the waiting list.

Being referred back to the waiting list may also apply to parents/carers who reduce their days once offered a place.

3. Siblings of children who already attend the Breakfast Club
4. Any other children waiting to join the club

When a vacancy becomes available, the following procedure will apply:

- School office staff will contact the parent/carer whose child has become eligible for a place.
- If the parent/carer still wishes to take up a place for their child they will be asked to complete the booking /registration form.
- If the place is no longer required, the school office staff will contact the parents/carer of the next eligible child on the waiting list.

**Please see below for the Breakfast Club Registration Form.**

---

## Breakfast Club Terms and Conditions

---

I confirm that I have received, read and understood Whitefield Infant School & Nursery Terms and Conditions for Breakfast Club.

Signed: ..... Date: .....

Please print your name: .....

### BREAKFAST CLUB REGISTRATION FORM

Please complete one form for each child

|                                                                |  |                                   |                                    |
|----------------------------------------------------------------|--|-----------------------------------|------------------------------------|
| Child's name:                                                  |  | Date of birth:                    |                                    |
| Name of any siblings that attend Breakfast Club:               |  |                                   |                                    |
| Address:<br>.....<br>.....                                     |  |                                   |                                    |
| Telephone numbers:                                             |  |                                   |                                    |
| 1.                                                             |  | 2.                                |                                    |
| DAYS REQUIRED (please tick)                                    |  |                                   |                                    |
| Monday <input type="checkbox"/>                                |  | Tuesday <input type="checkbox"/>  | Wednesday <input type="checkbox"/> |
|                                                                |  | Thursday <input type="checkbox"/> | Friday <input type="checkbox"/>    |
| Any special dietary requirements?<br>.....<br>.....            |  |                                   |                                    |
| Any medical needs?<br>.....<br>.....                           |  |                                   |                                    |
| I accept the conditions outlined on the Breakfast Club Policy. |  |                                   |                                    |
| Signed: .....                                                  |  |                                   |                                    |
| Print Name:                                                    |  | Date:                             |                                    |

